

Simpson

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24144  
STATE FILE NUMBER  
768

FILED AUG 5 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 768

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <b>Springfield</b> TOWN <b>0396</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Burge Hospital</b> INSTITUTION Length of stay in lb <b>50 Yrs.</b>		d. STREET ADDRESS <b>1033 E. Talmadge</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>P.</b> Last <b>COX</b>		4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>19 Dec. 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Groceryman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
13a. FATHER'S NAME <b>John M. Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Hines</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Cox</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Jessie Cox Springfield, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>1 yr.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>Greene</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6-15-56</b> to <b>7-30-57</b> and last saw her alive on <b>7-29-57</b> Death occurred at <b>4:20 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. Klingner</b>		22b. ADDRESS <b>1630 N. Jefferson Springfield, Missouri</b>	
22c. DATE SIGNED <b>7-30-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Ceme.</b>	23d. LOCATION (City, town, or county) (State) <b>Greene County, Mo.</b>
24. FUNERAL DIRECTOR <b>J. W. Klingner Co. Spgrd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-31-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Ogle Stone Jr.*

Licensed Embalmer No.

*4176*

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.